Foster Family Home - Corrective Action Report

Provider ID: 1-200007 Home Name: Roshelle Matias, CNA Review ID: 1-200007-3 608 Kulia Street Reviewer: Maribel Nakamine Wahiawa HI 96786 Begin Date: 1/7/2021 **Foster Family Home** Required Certificate [11-800-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: Recertification inspection for a 2 person CCFFH completed. Corrective Action Report issued during CCFFH inspection with a written plan of corrections due to CTA on 2/7/2021. **Foster Family Home** Client Care and Services [11-800-43] Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may 43.(c)(3) delegate client care and services as provided in chapter 16-89-100. Comment: 43.(c)(3)- No RN delegation present for CG#2 and CG#3 for Client #1. Foster Family Home Medication and Nutrition [11-800-47] 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes. 47.(d) Use of physical or chemical restraints shall be: 47.(d)(1) By order of a physician: Comment: 47.(c)- No list of medications side effects present on Client #1. 47.(d)(1)- No MD order for present on Client #1. **Foster Family Home** Records [11-800-54] The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely 54.(b) signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in 54.(c)(3) Current copies of the client's physician's orders; Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and 54.(c)(6) social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events; Comment: 54.(b)- No CG#1's signatures on progress note for Client #1. 54.(c)(3)- No MD orders present for Client #1's medications. 54.(c)(6)- RN Monthly Visit Note missing from 9/2020 for Client #1. Thaikel Makaeure, Ke CompEance Manager Karatiar Date 1 2/21 Page 1 of 1 10:53:50 AM

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

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608 Kulia St. Waliawa, Hi 96786 (PLEASE PRINT)

bu client #1 was updated all medication listed in Necerds.	Fulle Number Corrective Action Taken - How was each Issue fixed for each violation? 43(C) RN delegation was due 1/25/21 & will inform GHA Ha for CG17 2 and CG7 2 and placed into clink #1 recent. 54(C) M was updated into MD recently was updated and placed into MD recently. 54(C) RN handly visit note 1/25/21 & will make sure that all many alaced into MD recently visit note 1/25/21 & will make sure RN	Number (43 (C)) (154(C) 3 N	2N delegation was due for CGitt 2 and CGitt 2 and placed into clint #1 record. Donders of redication be clint #1 was updated	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future? L will infurm GATA that FN dulgation rudy to be dead within a weeks of caregiver being added to the home. L will make sure that all medication is the dulgation of the home.
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V	All items that were	fixed are	attached	to this	CAP
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PCG's Signature:

CTA has reviewed all corrected items

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	List of Medication side effects on client #1 was ablained and place	was fixed 1/22/2/	again in the future?
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